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Bib Data Sheet

CONFIRMATION NO. 8001

<b>SERIAL NUMBER</b> 09/863,061	<b>FILING DATE</b> 05/22/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET NO.</b> 03133-005017
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**APPLICANTS**  
David D. Goodman, Arlington, VA;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/292,895 04/16/1999 PAT 6,236,718 - *W Chan*  
WHICH IS A CON OF 08/819,120 03/17/1997 PAT 5,949,473  
WHICH IS A CON OF 08/431,270 04/28/1995 ABN  
WHICH IS A CON OF 08/181,562 01/13/1994 ABN  
WHICH IS A CON OF 08/062,148 05/14/1993 ABN  
WHICH IS A CON OF 07/688,864 04/19/1991 ABN  
WHICH IS A CON OF 07/379,751 07/14/1989 PAT 5,010,399  
*Yes JHC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none JHC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 06/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 8	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
Examiner's Signature *JHC* Initials

**ADDRESS**  
J. ROBIN ROHLICEK  
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225 Franklin Street  
Boston, MA 02110-2804

**TITLE**  
Video transmission and control system utilizing internal telephone lines

<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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